



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000003

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STANDISH PUB INC.

DOING BUSINESS AS POOPSIES

ADDRESS 243 CHURCH ST.

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: THOMPSON, R.
DONALD JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT MAIN ROOM ON ONE FLOOR WITH BAR, STORAGE ROOM AT REAR OF BLDG,
KITCHEN, TWO ENTRANCES AT FRONT AND TWO EMERGENCY EXITS AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000006

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: L. DAWG INC.

DOING BUSINESS AS LUCKY DAWG TAVERN & GRILL

ADDRESS MATTAKEESETT ST.

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: JOHNSON,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF A ONE STORY BLDG. WITH THREE ROOMS, SCREENED PORCH, FENCED-IN PATIO, NO CELLAR, TWO ENTRANCES ON MATTAKEESETT ST. AND ONE ON POND SIDE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000008

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD COLONY SPORTSMEN'S ASSN.

DOING BUSINESS A

ADDRESS OFF FOREST ST.

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: DEL ROSSO,
MICHAEL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. CONSISTING OF A SINGLE STORY, MAIN DANCE HALL, KITCHEN, OFFICE, COAT ROOM, SMALL BAR ROOM; CELLAR USED FOR STORAGE, INDOOR RANGE AND HALLWAY, REST ROOMS ON FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000012

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARDINAL CUSHING COUNCIL BLD. ASSOC. INC.

DOING BUSINESS AS

ADDRESS 48 SCHOOSETT STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: Caiewski, William A TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FUNCTION HALL 60 X 100 WITH LOWER LEVEL AREA 60X80 WITH FOUR EGRESSSES
AND SEPERATE MENS AND LADIES REST ROOMS ON EACH LEVEL.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000016

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: V & L INC.

DOING BUSINESS AS THE OMELET FACTORY

ADDRESS 24 SCHOOSSETT ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: BOTSARIS,
VASILIOS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

56 SEAT DINING AREA, TWO HANDICAPPED BATHROOMS. 20 PARKING PLACES,
ENTRANCES AND EXITS AT FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000018

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RPUBLIC LEASING TRUST, LLC

DOING BUSINESS AS TURNER'S YARD

ADDRESS 615 WASHINGTON ST.

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02358

MANAGER: O'DONNELL,
BRIAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES LOCATED ON STEET LEVEL. LARGE MAIN DININF ROOM/ NAR WITH MAIN
ENTRANCE. TWO EXITS IN MAIN, KITCHEN WITH EXIT, STORAGE ROOMS , OFFICES,
FUNCTION ROOM WITH ADDITIONAL ENTRANCE AND EXIT

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000019

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J.S.T.H.

DOING BUSINESS A PEMBROKE CENTER LIQUORS

ADDRESS 14 MATTAKEESETT STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: HERZOG, JAYNE W. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one story unit within a retail shopping center. Ground floor has 4290 sf consisting of sales area, separate office, room for deliveries and access to cellar. Cellar for storage. Front entrance and exit doors, rear delivery door. Locked trailer in rear for empties

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000020

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MUCKEYS, CORP.

DOING BUSINESS AS MUCKEY'S SUPER MART

ADDRESS 95 CHURCH ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: PATEL, MUKESH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF ONE FLOOR, ONE ROOM WITH TWO REST ROOMS AND A CELLAR FOR
STORAGE, ENTRANCE AND EXIT ON CHURCH ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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DISAPPROVED: ☐

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000021

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VV LIQUORS, INC.

DOING BUSINESS AS WHIT'S AT COUNTRY CORNER

ADDRESS LAKE & PLAIN STS

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

VIVEKANAND R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS WITH CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000022

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RT. 14 PEMBROKE, INC.

DOING BUSINESS AS LINDY'S GENERAL STORE

ADDRESS 314 MATTAKEESETT STR

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: PATEL, SAUMIL S. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ENTRANCE & EXIT IN FRONT, WITH TWO SERVICE ENTRANCES IN REAR.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000023

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PORTA BELLA BEVERAGE INC.

DOING BUSINESS AS WINE & SPIRITS DEPOT

ADDRESS NORTH RIVER PLAZA

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: HEBERT, ROBERT TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3767 SF WITH ENTRANCE AND EXITS IN FRONT, LOADING DOCK AND EXIT IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000024

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEENA N DEEYA CORPORATION

DOING BUSINESS AS BRYANTVILLE LIQUORS

ADDRESS 15 SCHOOL STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02327

MANAGER: PATEL, JITENDRA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG., ENTRANCE ON SCHOOL ST., DISPLAY & SELLING
AREA 36X50 (PLUS 25X25 OF EXISTING UNUSED AREA OF BLDG.) STORAGE MAIN FLOOR
16 1/2X50 (PLUS 400 SQ. FT OF EXISTING UNUSED AREA OF BLDG.) STORAGE CELLAR 24X
68.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000026

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Pudding Pantry, inc

DOING BUSINESS AS PUDDING BROOK PANTRY

ADDRESS 264 WASHINGTON STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: PATEL,
PRAGNESH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50X50 ON CONCRETE SLAB, ONE LARGE ROOM, ONE SMALL ROOM, PLUS WALK-IN COOLER, ALL ON THE FLOOR, ENTRANCE AND EXIT ON WASHINGTON ST. FIRE EXIT AT REAR.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000028

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTH RIVER WINE & SPIRITS LLC

DOING BUSINESS AS NORTH RIVER WINE & SPIRITS CO.

ADDRESS 75A WASHINGTON STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: COSTA, PETER M. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL STORE W/ BASEMENT CONSISTING OF 2500 S/F W/ 468 S/F COOLER. 2 ENTRANCES IN FRONT AND ONE EXIT IN THE REAR.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000031

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEMBROKE BBC LLC

DOING BUSINESS AS BRITISH BEER COMPANY

ADDRESS 15 COLUMBIA RD.

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: MCSHEFFREY,
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7,900S.F. BLDG. INCLUDING 700 S.F. BASEMENT, LOUNGE DINING ROOM, KITCHEN, AND PATIO, FIVE ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000035

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PASTA ELEGANZA, INC.

DOING BUSINESS AS PASTA ELEGANZA

ADDRESS 46 COLUMBIA ROAD

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: PUGLIESE,
THOMAS JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3589 SQFT ON FIRST FLOOR PLUS 420 SQFT OUTSIDE UNIT#4 FENCED IN WITH OUTDOOR SEATING OF 24 PLUS INDOOR SEATING OF 116 TAKE OUT AREA INCLUDED IN SQUARE FOOTAGE WITH 6 EXITS. 3 IN FRONT & 3 IN REAR- ACCESS TO OUTSIDE AREA FROM INSIDE CAFE ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000041

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH M. EMMA

DOING BUSINESS AS OYSTER'S BARY AND GRILLE

ADDRESS 254 CHURCH ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: JOSEPH M. EMMA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM. REAR STORAGE AREA, TWO REST ROOMS, FRONT AND BACK ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000042

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HERRING RUN GROUP, INC.

DOING BUSINESS AS ALUMNI SPORTS CAFE

ADDRESS 95 WASHINGTON ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: RYDER, KAREN E. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY, STAND A LONE BUILDING WITH FULL BASEMENT. FIRST FLOOR: 2300 SQ. FT. INCLUDING DINING ROOM, LOUNGE, TWO RESTROOMS, KITCHEN AND PREP AREA. STAIRWAY TO BASEMENT WITH STORAGE AND EMPLOYEE RESTROOMS. ONE ENTRANCE (FRONT) AND ONE EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000048

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KRISTIANNE, INC.

DOING BUSINESS AS OLIVEIRA'S RESTAURANT

ADDRESS 300 CENTER ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: OLIVEIRA, JOYCE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING WITH MAIN ENTRANCE AT REAR OF BLDG KITCHEN ENTRANCE ON CENTER STREET. FIRST FLOOR LOBBY AND THREE DINING ROOMS SECOND FLOOR OFFICE AND LIQUOR STORAGE. ADDITIONAL SEATING AT TABLES ON PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000049

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GAMBINO'S RESTAURANT INC.

DOING BUSINESS AS CAPONE'S PIZZERIA AND PROHIBITION PUB

ADDRESS 00254A CHURCH ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: MYERS, TINA M.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000050

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLDE SCHOOL CAFE, INC.

DOING BUSINESS AS

ADDRESS 65 SCHOOL STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02327

MANAGER: COLLINS,
ARTHUR W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000051

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANT OF BOSTON LLC

DOING BUSINESS AS 99 RESTAURANT & PUB

ADDRESS 166 CHURCH STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: MARCEL, LYNN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7240 SF, TWO DINING AREAS, LOUNGE/ BAR AREA, TAKE OUT AREA. RESTROOMS,
KITCHEN, STORAGE AND THREE EXITS AND ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000053

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN H. LUCE II

DOING BUSINESS AS LUCIOSO'S

ADDRESS 00264A WASHINGTON STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: LUCE JOHN H. II

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. ONE ENTRANCE IN
FRONT AND ONE IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000054

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANINAS RESTAURANT VII, INC.

DOING BUSINESS AS CHRISTINA'S

ADDRESS 460 WASHINGTON ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: CATALDI,
CHRISTINE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, FUNCTION ROOM, BAR AND KITCHEN CONSISTING OF 4694 TOTAL
SQUARE FEET, FRONT AND REAR ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000055

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ECCOLO, INC

DOING BUSINESS AS ORTA RESTAURANT

ADDRESS 75 WASHINGTON STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: WILLIAMS, CARA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SF RESTAURANT INCLUDING DINING AREA, LOUNGE, KITCHEN, DECK AND RESTROOMS AND CELLAR FOR STORAGE; TWO FRONT ENTRANCES, THREE REAR ENTRANCES AND ONE EXIT FROM DECK AREA ADDITIONAL 900 SQ. FT. DINING SPACE WITH BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000056

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RARE HOSPITALITY INTERNATIONAL INC.

DOING BUSINESS AS LONGHORN STEAK HOUSE

ADDRESS 125 CHURCH STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE REST. WITH DINING RM, LOUNGE AREA, BAR & KITCHEN HANDICAP RMS
FOR MEN & WOMEN EMERGENCY EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000059

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEMBROKE HOSPITALITY GROUP, LLC

DOING BUSINESS AS

ADDRESS 94 WEST ELM ST

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: MCNULTY,
KIMBERLY A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6200 SF. CLUBHOUSE GRILLE WITH KITCHEN, BAR LOUNGE PATIO AREA FUNCTION ROOM. 1600 SF OFFICE WITH BALLROOM, FUNCTION ROOM, SERVICE BAR, BRIDAL ROOM, KITCHEN AND 2 RESTROOMS. 160 SF DECK OFF PRO SHOP, SNACK SHACK, GAZEBO AND LAWN AREA FOR TENTS FOR FUNCTIONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000062

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CALABRIA'S ITALIAN DELICATESSES, CORP.

DOING BUSINESS AS THE CRAZY ITALIAN

ADDRESS 290 CENTER STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: BURKE, JOHN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE CONSISTING OF 3000 SQ.FT. WITH ATTACHED GREENHOUSE. ENTRANCES IN
FRONT OF STORE AND IN FRONT OF GREENHOUSE. EXIT ON LEFT SIDE OF BUILDING IN
REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09600058

CITY OR TOWN PEMBROKE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERC ENTERPRISES, INC

DOING BUSINESS AS PEMBROKE MOBILE

ADDRESS 145 CHURCH STREET

CITY/TOWN: PEMBROKE

STATE: MA

ZIP CODE: 02359

MANAGER: CLEARY,
RICHARD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSISTS OF A GAS CONVENIENCE STORE WITH A DUNKIN DONUTS COFFEE SHOP; CUSTOMER ENTRANCE IN THE FRONT OF THE BUILDING AND EMPLOYEE AND DELIVERY ENTRANCE ON THE EAST END OF THE BUILDING WITH EMERGENCY EXIT IN WEST SIDE OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)